

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COMMON SENSE GUN LEGISLATION

ADDRESS (number and street)

1140 5th AVENUE S.



(Check if address
is changed)

SUITE 301

EDMONDS

CITY ▲

WA

STATE ▲

98020

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

COMMONSENSEGUNCONTROL@POLITICIAN.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

06 / 13 / 2015

3. FEC IDENTIFICATION NUMBER ►

C00577718

4. IS THIS STATEMENT



NEW (N)

OR

XXX

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JOHN L. VILLESVIK

Signature of Treasurer

Date

06 / 13 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100









FEC FORM 1
(Revised 06/2012)

Candidate Committee:

- Party Committee:**

- Political Action Committee (PAC):**

- Joint Fundraising Representative:**

1.  FEC ID number 
2.  FEC ID number 
3.  FEC ID number 
4.  FEC ID number 

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

JOHN L. VILLESVIK

Mailing Address

1140 5th AVENUE S.

SUITE 301

EDMONDS

CITY

WA

STATE

98020

ZIP CODE

Title or Position

TREASURER

Telephone number

425 - 931 - 2514

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CHASE BANK

424 5TH AVE S.

EDMONDS

WA

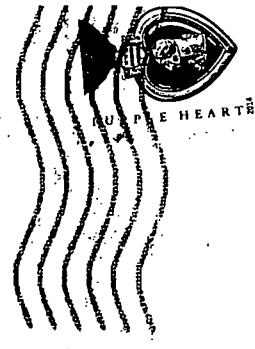
98020

CSGL
1140 35 Ave S
#301
Edmonds, WA

Q602D

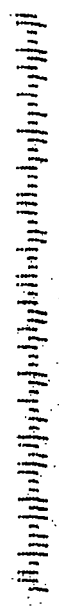
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER

MP

(3/2015)

06/23/15
DATE PREPARED